

STANDARD RIGHT-TO-KNOW REQUEST FORM

L □ U.S. MAIL	□ FAX	□ IN-PERSON
REQUEST SUBMITTED TO (Agency name & address): Philadelphia Police Department		
750 Race Street, #203, Philadelphia, PA 19106		
NAME OF REQUESTER : Michael Dank		
and Ave		
CITY/STATE/COUNTY/ZIP(Required): Somerville, MA 02144-2516		
EMAIL (option	nal): <u>75395-0519451</u>	19@requests.muckrock.com
RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary		
CORDS? □ YES ☒ NO NCE IF THE COST EXC COPY OF THIS REQU	CEEDS \$100? 🗷	FILES **
FOR AGENCY USE ONLY		
parties and given them a	an opportunity to	object to this request
	& address): Philadelphia and Ave EMAIL (option Decific detail as possible s OS? YES NO CORDS? YES NO NCE IF THE COST EXC COPY OF THIS REQU NT IF YOU WOULD NE R AGENCY USE ONLY	EMAIL (optional): 75395-0519451 Decific detail as possible so the agency can in the company of

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

^{**}Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)